

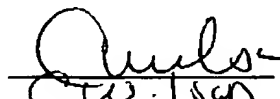
IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

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MAR 09 2005

PATENT APPLICATION

Applicant: **Armstrong et al.**
Case no.: **SEDN/049**
Serial No.: **09/447,472** Filed: **November 23, 19099**
Group Art Unit: **2611** Confirmation #: **3863**
Examiner: **Lambrecht, Christopher M.**
Title: **METHOD AND APPARATUS FOR HIERARCHICAL
DISTRIBUTION OF VIDEO CONTENT FOR AN INTERACTIVE
INFORMATION DISTRIBUTION SYSTEM**

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3-9-05 Date	

Mail Stop AMENDMENT
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P.O. Box 1450
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Dear Sir:

AMENDMENT UNDER 37 C.F.R. §1.111

In response to the non-final Office Action mailed December 17, 2004, please amend and consider the above-identified patent application as follows.

The Commissioner is authorized to charge any fees due (including excess claim and extension of time fees) to make this response timely and complete to counsel's Deposit Account No. 20-0782/SEDN/049.

328402-1

PTO/SB/21 (3904)


Approved for use through 07/31/2006, OMB 0651-001

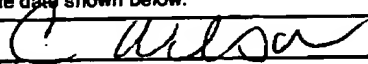
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/447,472	RECEIVED CENTRAL FAX CENTER MAR 09 2005
	Filing Date	November 23, 1999	
	First Named Inventor	Armstrong	
	Art Unit	2611	
	Examiner Name	Christopher M. Lambrecht	
Total Number of Pages in This Submission	15	Attorney Docket Number	SEDN/049

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks It is believed no fee is due. However, in the event a fee is due, kindly charge that fee to Deposit Account No. 20-0782. To facilitate that charge, a duplicate copy of this letter is enclosed.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Moser, Patterson & Sheridan, LLP		
Signature			
Printed Name	Eamon J. Wall		
Date	March 8, 2005	Reg. No.	39,414

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Signature			
Typed or printed name	Carol Wilson	Date	3/8/05

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PTO/SB/21 (09-04)

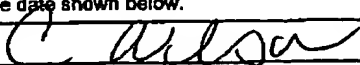
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